

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90013 013 \*\*\*150.00

**DOCUMENT # P01000027338**

1. Entity Name  
**CLASICOS Y ANTIGUOS CORP.**

Principal Place of Business  
**520 BRICKELL KEY DRIVE SUITE 0-305  
 MIAMI FL 33131**

Mailing Address  
**520 BRICKELL KEY DRIVE SUITE 0-305  
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1781 NW 21st.**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State

4. FEI Number  
**52-2303615**

Applied For  
 Not Applicable

Zip Country  
**33142 USA.**

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRANSGLOBAL CORPORATE ADMINISTRATION INC.  
 520 BRICKELL KEY DRIVE SUITE 0-305  
 MIAMI FL 33131**

Name **Luis Fernando Montoya**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1781 NW 21st.**  
 City **Miami** FL **33142**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Luis Fernando Montoya*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-27-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONTOYA, LUIS FERNANDO</b> <b>520 BRICKELL KEY DRIVE SUITE 0-305</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>vice President</b> <b>Efrain Restrepo</b> <b>1781 NW 21st.</b> <b>Miami, FL 33142.</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1781 NW 21st</b> <b>Miami FL 33142.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>vice President</b> <b>Efrain Restrepo</b> <b>1781 NW 21st.</b> <b>Miami, FL 33142</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Luis Fernando Montoya*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-27-02** Daytime Phone # **(305) 325-8824**

CR2E034 (9/01)